

HEALTH CARE DECISION CHART

Is any member of your family:

Pregnant?

NO YES ÷

9

Is your family's income:

<p><u>Below 200% FPL</u> No Cost Medi-Cal c WIC (Pregnant & Nursing Mothers)</p>	<p><u>Between 200-300% FPL</u> AIM (and babies born from AIM pregnancy up to 2 yrs) Share of Cost (SOC) Medi-Cal (No Income Cap)</p>
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A Child?

NO YES ÷

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Is your child's age from *birth* to *one* year?

NO YES ÷ Is your family's income:

<p>9</p> <p><u>Below 200% FPL</u> No Cost Medi-Cal CHDP</p>	<p><u>200% - 250% FPL</u> Healthy Families</p>	<p><u>250% - 300% FPL</u> j KP Cares for KIDS SOC Medi-Cal</p>
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Is your child's age from one to six years?

NO YES ÷ Is your family's income:

<p>9</p> <p><u>Below 133% FPL</u> No-Cost Medi-Cal CHDP c WIC (0-5 yrs)</p>	<p><u>133 - 200% FPL</u> CHDP SOC Medi-Cal (No Cap) c WIC (0-5 yrs)</p>	<p><u>200 - 275% FPL</u> Soc Medi-Cal (No Cap) Healthy Families</p>	<p><u>250 - 300%FPL</u> u CAKIDS j KP Cares for KIDS SOC Medi-Cal (NoCap)</p>
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Is your child's age from *six* to *nineteen* years?

NO YES ÷ Is your family's income:

<p>9</p> <p><u>Below 100% FPL</u> No-Cost Medi-Cal CHDP</p>	<p><u>100 - 200% FPL</u> CHDP SOC Medi-Cal (No Income Cap)</p>	<p><u>200-275% FPL</u> SOC Medi-Cal (No Cap) Healthy Families</p>	<p><u>250 - 300% FPL</u> u CAKIDS j KP Cares for KIDS SOC Medi-Cal (No Cap)</p>
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c If you are *not receiving* Medi-Cal **WIC** income limits are below 185% FPL.

u If you are *not eligible* to full scope Medi-Cal or Healthy Families, **CAKIDS** allows any income below 300% FPL.

j Kaiser Permanente Cares For Kids income level is at 250 - 300% of the FPL.

An Adult?

NO YES ÷

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Is the adult with no minor children aged from *nineteen* to *twenty-one* years?

NO YES ÷ **Medi-Cal** (based on income and resources eligibility)

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CHDP (with no-cost Medi-Cal)

Is the adult a *parent with minor children* who meets the "family deprivation" requirement, i.e., absent, disabled, unemployed or underemployed (countable family earnings up to 100% FPL)?

NO YES ÷ **Medi-Cal** (based on income and resources)

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Is the adult *blind or disabled* (meets the SSA definition)?

NO YES ÷ **Medi-Cal** (based on income and resources)

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Medicare (after 2 years of SSA Disability)

Is the adult aged *sixty-five* years or over?

NO YES ÷ **Medi-Cal** (based on income and resources eligibility)

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Medicare

Not eligible to any of the above programs.

Can apply for the **ATP Plan** or **No-cost/low-cost** plans at County Health facilities.

